Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		Date of This Filing02/26/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No163104-33		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 1 of 10	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages		
		<u> </u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/14/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$83,333.00
01/21/2016	Barton Memorial Hosptital South Lake Tahoe, CA 96158	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$58,508.00
01/21/2016	Childrens Hospital Los Angeles Los Angeles, CA 90054	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$450,339.00

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Spe Health Systems (CAHHS)	onsored by California Association of Hospitals and	Date of This Filing 02/26/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No163104-33		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 2 of 10	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages10		

Late Contribution(s) Received

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02/04/2016	Citrus Valley Health Partners Covina, CA 91723	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$235,397.00
01/22/2016	Community Medical Centers Clovis, CA 93611 ID# 1261972	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$635,049.00
01/21/2016	Community Memorial Health System/Community Memorial Hospital Ventura, CA 93003 ID# 1355057	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$163,104.00

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CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages10		

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01/20/2016	Good Samaritan Hospital Los Angeles, CA 90017	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$150,814.00
02/04/2016	Henry Mayo Newhall Memorial Hospital Valencia, CA 91355	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$130,962.00
01/26/2016	Kaiser Permanente Northern California Region Oakland, CA 94612-3610	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$3,902,068.00

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		Date of This Filing02/26/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No. 163104-33		For Official Use Only
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CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/04/2016	Keck Medical Center of USC Los Angeles, CA 90033	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$430,079.00
01/21/2016	Lucile Salter Packard Children's Hospital Palo Alto, CA 94304	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$529,595.00
01/20/2016	Marshall Medical Center Placerville, CA 95667 ID# 1261615	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$112,644.00

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		Date of This Filing02/26/2016	Date Stamp	CALIFORNIA 497
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STREET ADDRESS		Amendment to Report No.	Page 5 of 10	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages10		

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/22/2016	NorthBay Healthcare Corporation Fairfield, CA 94534	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$202,151.00
01/20/2016	Presbyterian Intercommunity Hospital dba PIH Health Hospital - Whittier Whittier, CA 90606 ID# 484241	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$334,406.00
01/21/2016	Pomona Valley Hospital Medical Center Pomona, CA 91767	□ IND ■ COM □ OTH □ PTY □ SCC		\$254,707.00

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LATE CONTRIBUTION REPORT

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CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages10		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/22/2016	Rady Children's Hospital San Diego, CA 92123	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$312,007.00
01/20/2016	Redlands Community Hospital/RHS Corp Redlands, CA 92373 ID# 1261618	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$111,705.00
01/20/2016	Ridgecrest Regional Hospital Ridgecrest, CA 93555-3130	□ IND □ COM ■ OTH □ PTY □ SCC		\$87,800.00

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Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sp. Health Systems (CAHHS)	onsored by California Association of Hospitals and	Date of This Filing02/26/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No163104-33		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 7 of 10	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/21/2016	Sharp HealthCare San Diego, CA 92121	☐ IND☐ COM☐ OTH☐ PTY☐		\$998,511.00
01/21/2016	ID# 494053 Stanford Health Care Stanford, CA 94305 ID# 1293912	□ SCC □ IND □ COM ■ OTH □ PTY □ SCC		\$1,282,344.00
01/25/2016	Torrance Memorial Medical Center Torrance, CA 90505 ID# 1287768	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$258,895.00

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Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		Date of This Filing02/26/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No163104-33		For Official Use Only
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CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages10		
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/09/2016	Kaiser Permanente Southern California Region Pasadena, CA 91103	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$2,701,242.00
02/01/2016	Marin General Hospital Greenbrae, CA 94904	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$170,393.00
01/28/2016	Valley Children's Hospital Madera, CA 93636	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$236,866.00

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Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)			Date of This Filing	26/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212		Report No1631	3104-33		For Official Use Only
STREET ADDRESS			Amendment to Report No		Page 9 of 10	
CITY Sacramento	STATE CA	ZIP CODE 95814	(explain below) No. of Pages1	0		

Late Contribution(s) Made

FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, health Care Providers Sacramento, CA 95814	Californians for Protecting Public Education, Health Care and Budget Stability AG#15-0115 Statewide	\$4,000,000.00	
Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, health Care Providers Sacramento, CA 95814	Californians for Protecting Public Education, Health Care and Budget Stability AG#15-0115 Statewide	\$8,500,000.00	
Memo Reference: EXP:S497:2150			
	Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, health Care Providers Sacramento, CA 95814 Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, health Care Providers Sacramento, CA 95814	Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, health Care Providers Sacramento, CA 95814 Californians for Protecting Public Education, Health Care and Budget Stability, AG#15-0115 Statewide Californians for Protecting Public Education, Health Care and Budget Stability, AG#15-0115 Statewide Californians for Protecting Public Education, Health Care and Budget Stability, AG#15-0115 Statewide Californians for Protecting Public Education, Health Care and Budget Stability, Health Care and Budget Stability AG#15-0115 Statewide	Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, health Care Providers Californians for Protecting Public Education, Health Care and Budget Stability, Statewide Californians for Protecting Public Education, Health Care and Budget Stability AG#15-0115 Statewide Californians for Protecting Public Education, Health Care and Budget Stability, AG#15-0115 Statewide Californians for Protecting Public Education, Health Care and Budget Stability, AG#15-0115 Statewide Californians for Protecting Public Education, Health Care and Budget Stability, AG#15-0115 Statewide

Reason for Amendment:

Memo Reference: EXP:S497:2150 Loan		